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\*\* CONTINUING DATA \*\*\*\*\* *NO* *12* *12* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NO* *12* *12* \*\*\*\*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature <i>W</i> Initials				

**ADDRESS**

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**TITLE**

Multi-purpose patient chair

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